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**FAX TRANSMISSION****DATE:** July 12, 2007**PTO IDENTIFIER:** Application Number 09/904,182-Conf. #1162  
Patent Number**Inventor:** Albert C. Lardo et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Lisa Swiszczy Hazzard

**PHONE:** (617) 517-5512**Attorney Dkt. #:** 56245(71699)**PAGES (Including Cover Sheet):** 16**CONTENTS:** Amendment Transmittal (1 page), including duplicate copy;  
Petition for Extension of Time Under 37 CFR 1.136(a) (1 page), including duplicate copy;  
Response to Final Office Action (10 pages);  
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PTO/SB/97 (09-04)

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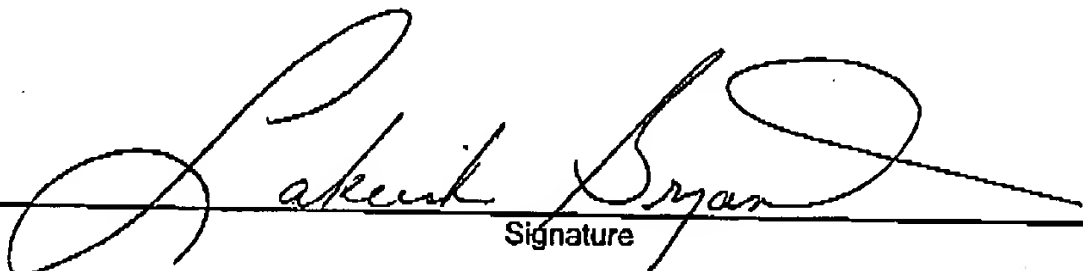
Application No. (if known): 09/904,182

Attorney Docket No.: 56245(71699)

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Petition for Extension of Time Under 37 CFR 1.136(a) (1 page), including duplicate copy;

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AMENDMENT TRANSMITTAL LETTER				Docket No. 56245 (71699)	
Application No. 09/904,182-Conf. #1162		Filing Date July 11, 2001		Examiner D. M. Shay	
				Art Unit 3735	
Applicant(s): Albert C. Lardo et al.					
Invention: APPLICATION OF PHOTOCHEMOTHERAPY FOR TREATMENT OF CARDIAC ARRHYTHMIAS					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	24	- 26 =		X	
Independent Claims	2	- 8 =		X	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					225.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					225.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. 04-1105 in the amount of \$ 225.00. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
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<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Lisa Swiszc Hazzard Attorney/Agent Reg. No.: 44,368 EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 517-5512				Dated: July 12, 2007	